

North Carolina Department of Health and Human Services Division of Public Health – Women's & Children's Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917 Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

June 21, 2010

MEMORANDUM

TO: Select Local Health Departments

FROM: Beth Rowe-West, RN, BSN, Head

Immunization Branch

SUBJECT: Final Reporting for ARRA school flu clinic project

The purpose of this memo is to remind participating counties about the upcoming deadline for final reporting requirements for the American Recovery Reinvestment Act^{*}(ARRA) project to increase the number of school-aged children vaccinated with seasonal influenza vaccine.

The Immunization Branch is required to report quarterly to the Centers for Disease Control on this project. Each health department must complete the reporting form and submit information to the Immunization Branch on the following dates:

Final reports are due by July 1, 2010

The reporting form is included here and can be found on our website at http://www.immunizenc.com/Memos.htm. Forms must be returned by COB on July 1st by fax to the attention of Kristen Carroll at 919-870-4824 or by email to Kristen.Carroll@dhhs.nc.gov. A few important notes about the reporting form:

- Please include any information that you have not provided yet about your project. Do not report information you
 have reported previously on another form.
- Under the budget section, please include all information about personnel expenses. Report any money spent
 from the ARRA funds for retaining positions, hiring temporary staff (either part or full time); or contracting with any
 nursing agencies, etc for staff time. We need the number of positions newly created and the number retained, by
 job title, and the total number of hours worked for that time period.
- · This final report may only include financial information.
- If you have submitted your final report already, you do not need to resubmit the report.

If you have questions regarding reporting or the project please call Kristen Carroll at the Immunization Branch Central Office at 919-707-5596.

CC: SMT CO Staff Jes Regional Immunization Staff Loo

Jessica Gerdes Joy Reed Local Health Directors

ARRA (Seasonal Flu School) Project Final Report

The report is due to the Immunization Branch by July 1, 2010. Please email completed reports to Kristen.Carroll@dhhs.nc.gov or fax to 919-870-4824. If there are questions, please contact Kristen at 919-707-5596. Thank you

County:

Name of person completing report:

Date Report Completed:

Part 1. Please list each grade offered vaccine separately by school for clinics held in the schools

Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
ex: ABC Elementary	Public	6th	11/5/2009	100	30	10
ex: ABC Elementary	Public	7th	11/6/2009	95	40	0
			£			

Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
					V.	
			Č.			
		1				
			1		1	
		-			1	
		-			<u> </u>	
					-	
		-				
		=	-		3	
		11				
Total						

Part 2. Please list any students who came into the health department to get a flu vaccine. Please include as much information as you have, if you do not know the grade level of a student, please include ages (example below).

Name of School	private/ public/ charter	grade level	Date of immunization	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
ex: ABC Elementary	Public	6th	11/5/2009	5	2
ex: ABC Elementary	Public	7th	11/6/2009	0	2
ex: Not available		6 years old	10/21/09	4	14
		14:			
					1
				_	

Part 3. Please list details for flu vaccine administered to school staff and/or teachers

Name of school	private/public/charter	# of teachers/staff receive FluMist	# of teachers/staff receive injectable flu
ex: ABC Elementary	public	10	
	7		
		-	
			_
Total			



Part 6.

Provide an itemized listing of aid to county funds expended, including positions created or retained, goods purchased, travel, and other (please specify). For personnel items, please include number of temp staff hired and include full-time and part-time staff.

Category	Amount	
Supplies		
Ex: needles	\$100	
Advertising/Printing		
Ex: paper	\$ 300	
*		
Personnel	00000	
Ex: 2 nurses - Retained positions; total of 120 hrs Ex: 3 new data entry; total of 60 hrs	\$6000 \$1980	
Travel		
Equipment		
Ex: computer	\$1000	
Other		
5% money to schools		
Total		